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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/240,632 TITLE OF INVENTION	02/01/1999 : MODULATION MET	HOD AND RADIO COM	YUTAKA MURAKAMI IMUNICATION SYSTEN		4	02/568	7584
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	JE FEE TOTAL FEE(S) DUI		DATE DUE
nonprovisional	NO	\$1400	\$0	\$0		\$1400	09/07/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
KIM, KEVIN		2611	375-308000	•			
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un	ND RESIDENCE DATA	or agents OR, alternati (2) the name of a singl registered attorney or a 2 registered patent atto listed, no name will be FHE PATENT (print or ty)	the name of a single firm (having as a member a lered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is a no name will be printed. TENT (print or type) I appear on the patent. If an assignce is identified below, the document has been filed for				
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